

Information Systems Security Acknowledgement and Nondisclosure Agreement

Because of advances in technology, the Medical Center has increased its dependence upon computer systems for storage, processing and transmission of information. It is the policy of the Medical Center that information, in all its forms, written, spoken, recorded, electronically, or printed, will be protected from accidental or intentional unauthorized modification, destruction, or disclosure. All computer equipment must be protected from misuse, unauthorized manipulation, and destruction. Protection measures may be physical and or software oriented.

As an associate of the Medical Center (employee - student – volunteer – clinical faculty – consultant – contractor), I understand and agree to abide by the following:

- A. I understand that in the performance of my duties I may come into contact with confidential or sensitive information contained in written records, documents, ledgers, internal verbal communication and correspondence, computer programs and applications or some other medium pertaining to patients, employees, students, medical business enterprise and/or administrative support. I agree not to disclose any confidential or sensitive information unless release of such information is directly related to the performance of my assigned responsibilities. This nondisclosure agreement is binding during and after my affiliation with the Medical Center.
- B. All passwords to information are confidential. Under Mississippi Code 1972: Sec. 97-45-5 (1) (b), it is a computer crime to use another person's password or disclose passwords to another for the purpose of obtaining unauthorized access to computer systems. I will not disclose any password(s) I am assigned or create, and I will not write such password(s) or post them where they may be viewed by another. I understand that use of a password not issued specifically to me or to a group of which I am a member is expressly prohibited. I understand that I will be held responsible for all computer activity performed with the use of my password.
- C. I will not attempt to circumvent the computer security system by using or attempting to use any transaction, software, files, or resources that I am not authorized to use.
- D. I will not deliberately sabotage computer equipment or software. I will not make or distribute unauthorized copies of software. I will not load unlicensed software or software unauthorized by UMC or any computer belonging to UMC.
- E. I understand that access to confidential information is granted only as required to fulfill my job responsibilities. I understand that approved access to confidential information does not authorize the indiscriminate browsing of such information. Access is only authorized for specific and legitimate "need-to-know" information that is required to accomplish assigned job responsibilities.
- F. I understand and agree to comply with all policies, standards, and procedure adopted to safeguard information and associated information resources as set forth in the Mississippi Code and UMC policies. Further, I acknowledge that I have received, read and understand the security policies outlined above and in the Information Security Policies. Standards and Procedure document.
- G. I understand that failure to comply with any of the conditions noted herein may result in disciplinary action, including possible termination of employment. I further understand that the Medical Center retains the right to pursue any other legal remedies available where misuse of its information and/or information resources is suspected.

My signature below represents my acknowledgment that I understand and will abide by the security policies as outlined above and as contained in the Information Security, Policies, Standards and Procedures document.

(Volunteer Signature)

(Date)

Revised 2/2/2022